



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

JStokes

5/05/2016

#3564

State of Nevada
Committee for Political Action
(PAC)

Registration Form

Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☒ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☐ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply

☐ Change Name

Previous Name of PAC

☐ Other:

Name of Committee:

Telephone:

SOUTHERN NEVADA CITIZENS ALLIANCE

Mailing Address:

Street Name, Number

City

State

Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.

SNCA SEEKS TO CREATE AWARENESS AND
INFORM CITIZENS OF ISSUES CONCERNING ELECTIONS
AND BALLOT ISSUES.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Telephone:

TERRI NORDBYE

702.608.4397

Physical Address:

8253 QUAIL ARROYO

LAS VEGAS

NV

89131

Street Name, Number

City

State

Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

TERRI NORDBYE
Signature of Registered Agent

Date:

5/3/2016



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State of Nevada
**Committee for Political Action
(PAC)**

Registration Form

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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Telephone:

TERRI NORDBYE, TREASURER

702-608-4397

Mailing Address:

8253 QUAIL ARROYO

LAS VEGAS

NV 89131

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

ADAM WELCH, SECRETARY

504-908-5134

Mailing Address:

2704 IRONSIDE DR

LAS VEGAS

NV 89108

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

Signature of Representative of Group

Printed Name:

TERRI NORDBYE

Date:

5/3/2016

Telephone:

702-608-4397